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NO. 1

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL.

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O. C. WELBOURN, A. M., M. D., Editor

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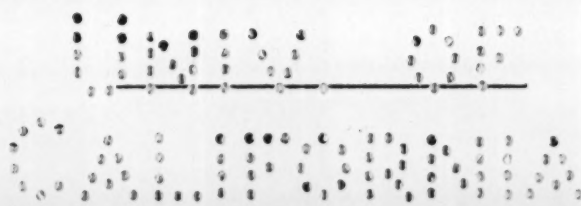
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1911

O. C. WELBOURN, A. M., M. D., Editor



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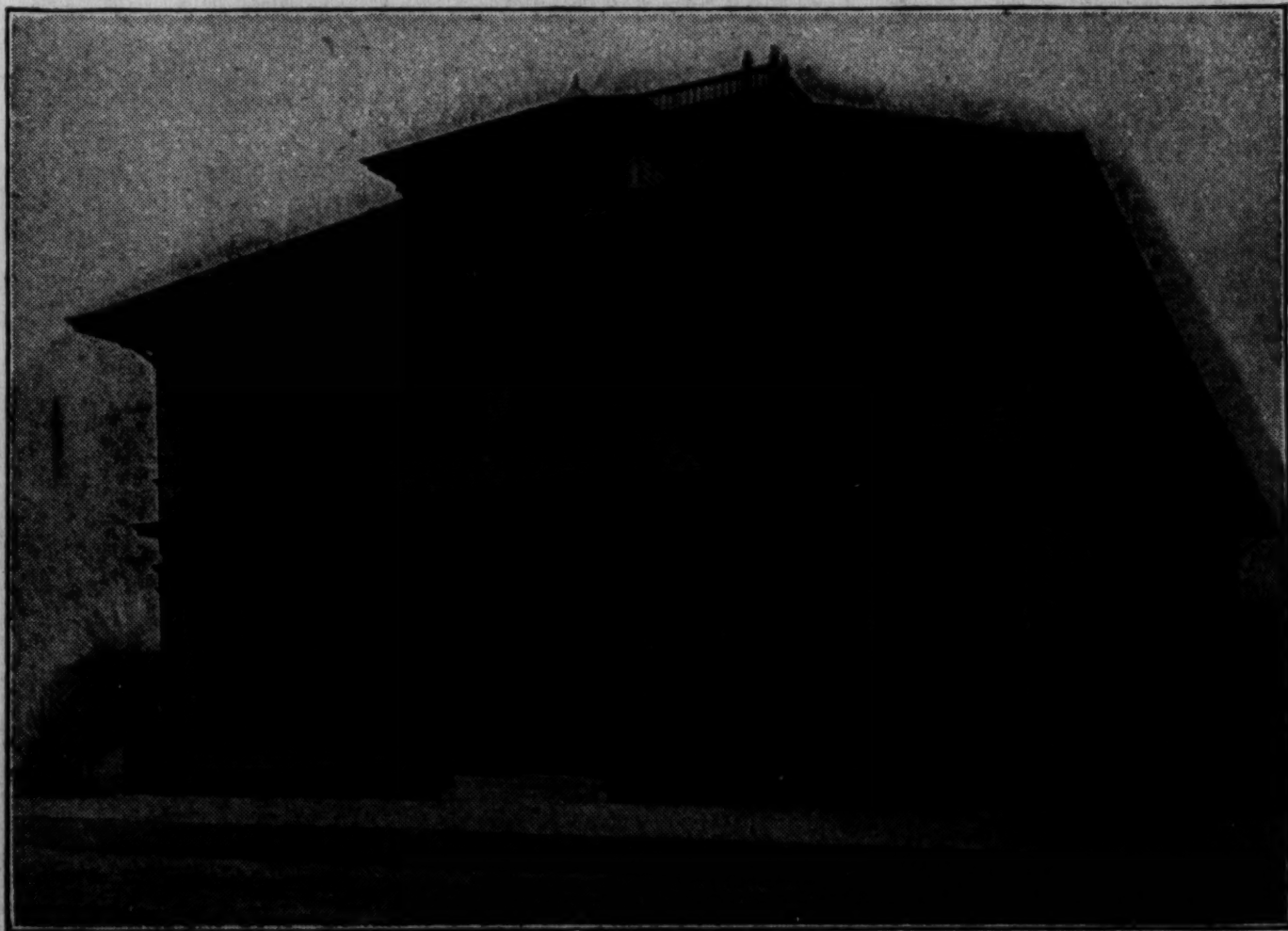
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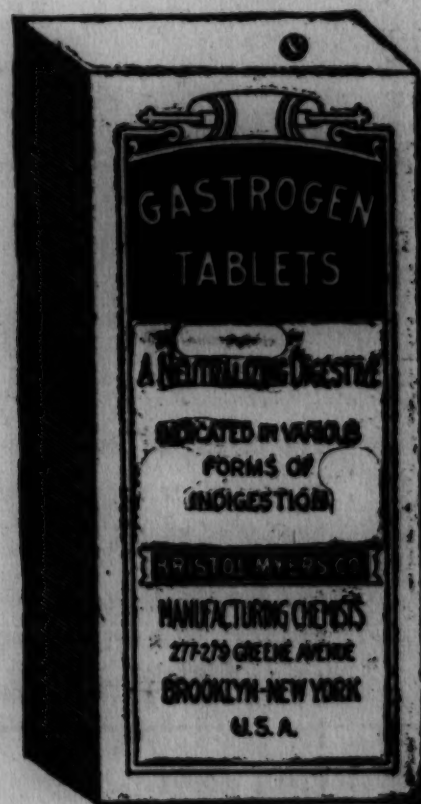
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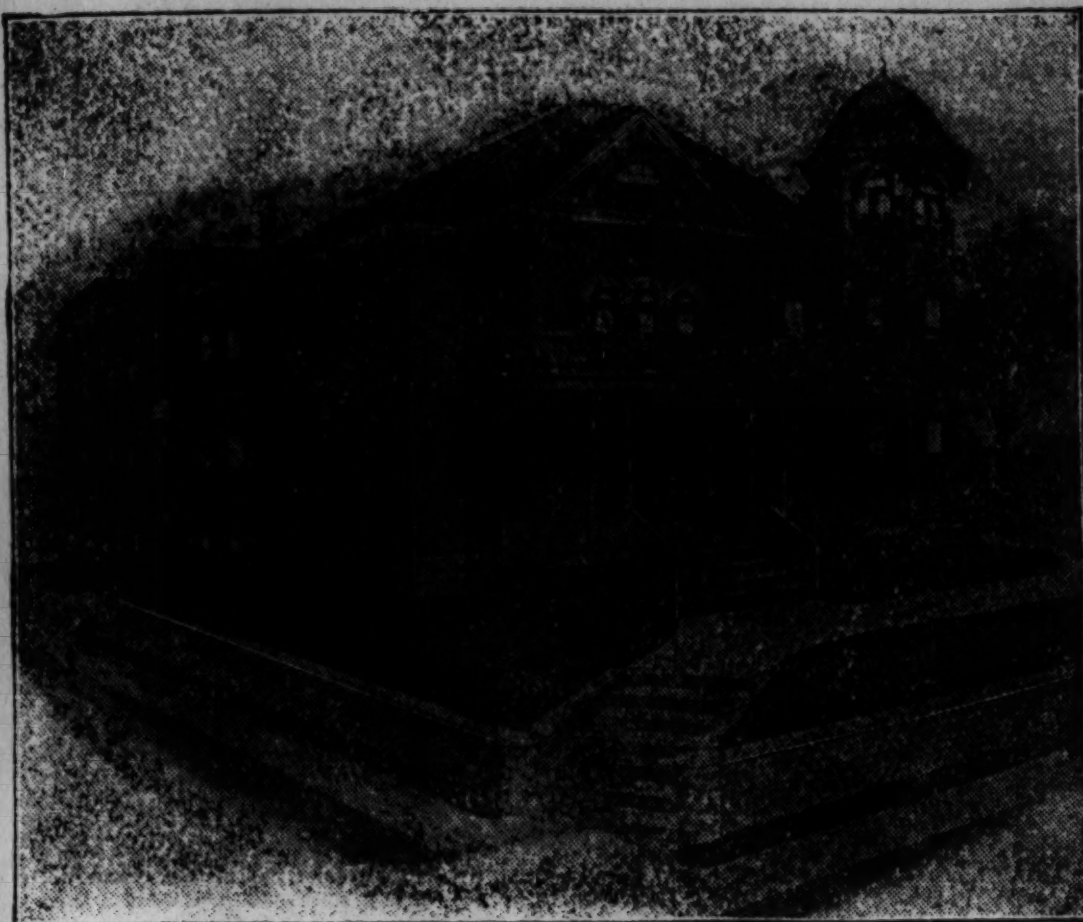
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The California Eclectic Medical Journal

Vol. IV

JANUARY, 1911.

No. 1

Original Contributions

CHRONIC CATARRHAL PROSTATITIS*.

Almo DeMonco, M.D., Los Angeles, Calif.

Read before the Los Angeles County Eclectic Medical Society.

ETIOLOGY: Frequently the sequel of an acute gonorrhoeal prostatitis, stricture of the urethra, or a vesical inflammation, sexual excesses, masturbation, sexual perversion, strong or irritating injections, hemorrhoids, constipation, anal fissure, hyperacid, urine, exposure to inclement weather, bicycle riding, horseback riding, gormandizing of foods and liquors, etc. The principal cause, however, is infection. A disease principally of middle life.

PATHOLOGICAL ANATOMY: The prostate may be swollen, atrophied, or normal as to size. If swollen, lymph and pus are present. The swollen condition may be modular or smooth. Section will show it to be red, spotted and boggy, and less firm than normal.

The mucous follicles and the ducts, mucous surfaces and the prostate sinuses, show structural changes; the mucous lining of the tubules inflamed and generally dilated. The connective tissue is infiltrated and the blood vessels engorged.

CLINICAL HISTORY: At best a very chronic disease with symptoms that are legion, subjectively. Micturation is usually increased in frequency, and may occur with a drop of blood at the finish. The flow of urine is slow and expulsive, force seems lacking, accompanied sometimes with burning and tingling. Sitting with legs crossed, pain or discomfort. Urine of low specific gravity and generally alkaline, holding shreds and muco-pus in suspension, which is noticeable in the first ounce passed—hence the necessity for the two glass test—if the urine is allowed to stand an irridiscent pedicle is sometimes present. Pain is located by the patient in the head of the penis, sacrum, over the pubes, anus or inguinal region. A severe form of indigestion is very frequently present, sour stomach and

*The writer has followed Prof. Bukk Carelton, M.D., in preparing this paper.

much flatulency. It makes but little difference as to the nature of the foods, everything distresses. Insomnia, restlessness, irritability, are always present, and all medication directed at the digestive condition afford little or no relief. An almost endless chain of symptoms could be mentioned, but these should cause every physician to pass no male case of dyspspsia or indigestion as incurable without a most careful examination of the prostate. Examination reveals sensitiveness to touch and often severe pain, gland generally enlarged and smooth, often nodular, the left lobe is usually more involved. If the age is over fifty-five, peritubular infiltration is present, giving an increased hardness to the gland. Pressure applied to such a gland by the finger tip, a quantity of fluid will be discharged into the urethra which the microscope will differentiate from a gleet or other discharge. Sexual functions are deranged as the disease increases, erections become less and less, and less and less satisfactory; finally all power of erection is or will be lost. Nocturnal and diurnal pollutions may occur, together with mental and physical exhaustion after coitis. Great despondency, melancholia, depression, loss of muscular strength, and mental incapacity are present. Patients thus afflicted soon become convinced that they have spermatorrhoea or "lost manhood" as they term it, and are "easy" victims for the "lost manhood" shark.

DIAGNOSIS: Confounded with tubercular prostatitis, but is more chronic. The absence of tuberculosis elsewhere, together with the history should govern. Age will also control usually as to the Hypertrophy. A practiced finger per rectum will differentiate seminal vesiculitis, inflamed verumontanum or ampulitis.

PROGNOSIS: Slow and unsatisfactory in those of middle of advanced life. Young men who can be convinced of the absolute necessity of a continent life, avoidance of all excesses in stimulents and diet, can be rapidly cured. Every one can be benefited.

TREATMENT: Diet must be extremely simple; beers, wines, condiments, tea, coffee, asparagus, tomatoes, and all salt foods, should be proscribed. Cold sponge baths are to be encouraged. Should sleep on a hard mattress and with as little covering as possible. Sexual intercourse entirely prohibited, even in the married, and this explained to the wife if found necessary. Bowels evacuated daily, and harsh cathartics avoided, especially such as contain aloes in any form.

Massage of the prostate is of the utmost necessity. Place



the patient in the knee-chest position, arm the index finger with a perfect fitting finger cot, anoint freely with vaseline, and insert into the rectum; the diseased gland is massaged gently from side to side, each massaging lasting from three to five minutes, concluding with several strips downward along the urethra. Some cases do better to insert a full sized sound into the urethra and the gland massaged over this. Mechanical vibrators usually do more harm than good. Use the finger if you do not know how to use the Morton wave current; you will succeed better. Cold steel sounds carefully inserted and allowed to remain for three to five minutes are beneficial. Some writers advise the retention of the cold sounds for fifteen or more minutes, which in my experience is hazardous, producing urethral fever, chills, followed with great prostration—so be careful. The sound should be passed with the utmost gentleness and but **once** in five to seven days. The rectal psychophore should not be forgotten—you are sure to need every aid.

When the mucous membranes are severely affected, as shown by the presence of masses from the lacunae or crypts of the glands, irrigation should be employed, using 1 to 10,000 silver nitrate (one grain to the ounce of distilled water), instillations by means of a capillary syringe, of five drops of silver nitrate (one grain to the ounce of distilled water), protargol one to four per cent, same quantity. These applications must not be repeated oftener than once in five to seven days. Rectal suppositories containing Ichthyol, one to three grains, inserted on retiring at night have proven serviceable.

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PROSOPIS JULIFLORA OR MESQUIT.

R. E. Kunze, M. D., Phoenix, Arizona.

(From the Mss. of my Materia Medica, "Past, Present and Future," I make this excerpt for the benefit of my Eclectic Brethren.)

Prosopis Juliflora, D. C., or Mesquit, belongs to the Genus Leguminosae of the suborder Mimoseae, a small tree not more than thirty feet high, often less than half that size. It extends from Arizona south into the Mexican state of Sonora, also found in western Texas, where it is known as Algaroba. The small

yellowish flowers which are closely sessile, are fragrant and occur in little spikes surrounded by stout axillary spines. The leaves are twice-pinnate, rigid and of a greenish hue, with only one or two pairs of pinnae, but with many leaflets. The pods are from four to six inches long, three-eighths of an inch in width and of a yellowish tint when ripe, somewhat flattened. A sweetish pulp is found between the flat seeds which is very nourishing and edible. The Indians gather large quantities of the pods, grind and make flour therefrom, afterwards baked into bread which is in round cakes and harder than sea biscuit and will keep well for years. Horses, mules and cattle feed on the beans in preference to grass or other herbage. Many insects, chiefly small beetles and bees resort to the flowers, of which in Arizona generally we have two crops. Honey collected from Mesquit flowers imparts to it a fine flavor and in the eastern states is eagerly bought up.

Where the bark is cut, a gum resembling gum Arabic oozes therefrom of a whitish, yellow or brown color, which makes a fine mucilage. It is not plentiful enough to become a commercial product. When a limb is removed a blackish sap oozes therefrom in quantity. The bark is black and the wood very hard and, next to our iron wood, is the best fuel of Arizona. The Indians of our reservations supply our cities and towns with such stove wood, and the Mexicans bring it in, in the shape of cord wood. This tree where we find it as a forest has the habit of branching out very low, almost horizontally, and difficult to pass through it, giving cover to numbers of wild animals and birds. Trees not so crowded, growing singly or few in number grow into better shape.

Mesquit possesses valuable medicinal properties and Mexicans above other people know best how to employ it in typhoid and yellow fevers. A tea prepared from the young branches and, given hot, will vomit and purge. It will break up a fever if given in time, in from two to three days. The worst case of typhoid fever I ever heard of was a friend of mine from Thuringia, now Postmaster of Price, Pinal county, Arizona, who served his adopted country in the navy in the war for the Union. Mr. Henry Zeuner took the fever at Sow Springs, New Mexico, while in company with a lot of Mexicans on the way to Chihuahua, Mexico. He was lying on a rawhide in a bull wagon, and a Mexican woman acted as his nurse, giving him nothing but Mesquit tea to drink. The men put him on the ground and kneaded him all over the body. For nine days he was delirious and had not any recollection of what was going on during that time. It was thirty-five days before he was convalescent.

Usually the Mexicans utilize the inner bark of Mesquit,

which is white. I made inquiries among a number of old settlers and Mexicans of Phoenix about this valuable drug. The Mexican wife of one of my neighbors, an old war veteran and school-ed in Arizona, informed me that her mother was an Herbalist and doctored among her country folk. For bilious fever she made an infusion with cold water of the inner bark, adding a pinch of salt. When too much salt is used it causes emesis. The young shoots mashed fine and rubbed up with a little lard, rolled into a ball, are then put into a cloth and rolled in hot ashes and after cooling sufficiently is used as a poultice for sore eyelids so frequently noticed among Mexican children. A tea made from Mesquit leaves is applied to the hair by young ladies to give a gloss. The Mesquit gum is used for coughs as we do gum Arabic.

Mr. Wm. Crosby, a grocer of this avenue, has a large Mexican trade and told me that among the people when the yellow fever raged so badly twenty-five years ago more or less in Mexico, the inner bark of Mesquit was employed in the shape of a tea and patients so treated with this house remedy always recovered, whereas those attended by a regular physician usually died. We have here in Phoenix a number of Mexicans so treated who survived that scourge. A butcher employed in one of our meat shops relates the following account of that epidemic: His father took the yellow fever, was treated by a doctor, and died, shortly after the attack. He was seized next and his mother doctored him with Mesquit tea alone, and he recovered. A younger brother also down with the yellow fever was left to die the previous evening, but was found alive the next morning. His mother poured Mesquit tea down his throat, which he fought against, till it purged and vomited the boy, and he finally got well. A Mexican baker in this city was seized by the same fever in that epidemic. A Mexican senora treated him liberally with a decoction of Mesquit bark and he also lived to tell the same story. The remedy will break up an ordinary fever in from two to four days. Surely such a remedy should be better known to white people than it seems to be. It reminds me of a remark made by Horace Greeley when standing beside the grave of a friend who had just been lowered into his last resting place. Said a bystander to Greeley: "Now all that is left of your friend lies six feet below the ground;" "And," replied Greeley, "possibly within six feet of the remedy which would have cured him."

EFFERVESCENCE ON ATTENUATION.

By Herbert T. Webster, M. D.

Attenuation of drugs is popularly supposed to be a peculiarity of homeopathy. Hahnemann undoubtedly originated the practice, but attenuation antedated the doctrine of similia, and Hahnemann practiced successfully for years before he enunciated the homeopathic doctrine; he practiced specific medication. Any one who will read Hahnemann's Lesser Writings carefully will find this statement correct. These writings were recorded prior to the year 1800, while nothing was published on homeopathy before 1805.

The primary objects of attenuation should also be considered, as to their bearing on medical doctrine. Hahnemann employed attenuation in homeopathy for the avowed purpose of developing the spiritual power which was supposed to lie hidden in the inner nature of medicines. Specific medicationists, following the teaching of the Great Apostle of specific medication, Professor Scudder, believe that, "As a rule, the dose of medicine should be the smallest quantity that will produce the desired result." The object with them is, to impress vital functions directly, without unpleasantly disturbing them. The objects sought to be attained, then, by attenuation, in the two schools, are obviously at variance; though the same means may sometimes be employed, especially so far as the attenuation of drugs is concerned.

There is a wide difference in the objects in view in a variety of therapeutists. Leaving out the doctrine of spiritual influence in drugs, as taught by Hahnemann, and which now we believe has few advocates, therapeutists might well be divided into two general classes. One of these consists of those who regard the human body as a machine, to be driven by powerful agents—elements which force out abnormal condition, and compel return of normal processes; and the other, of those who regard the human body as a delicate, complex and reflex organization—a harp of a thousand strings—which should be properly and delicately attuned, in order that harmony may be restored to disordered function, and thus a return to normal structure encouraged. The first must necessarily deal forcibly with disturbing elements; must frequently make use of means which, if they fail of their object, are liable to leave disorder and inharmony behind. The second class will employ drugs in such minute quantity that, while they are capable of searching out sensitive parts and restoring function if properly applied, will seldom prove disorders of vital economy if misapplied. It is doubtful that any of our present-day practitioners belong strictly to

either of these classes, though every one is predisposed to one or the other.

Attenuation long ago ceased to be a distinctive, or at least an exclusive feature of homeopathy. The United States Pharmacopeia (old school) described a class of agents under the title Triturates, nearly if not a quarter of a century ago, which were virtually triturations after the old homeopathic style. Schussler's first edition of Tissue Salts, issued in the 1870's, came in for severe condemnation by leading members of the homeopathic school because he failed to dwell on the homeopathicity of their action; whereupon, in the preface of the second edition, which soon followed, he occupied considerable space in the preface to demonstrate that his doctrine was not that of homeopathy, was in no way related to it; in fact it was no pretension to the doctrine of similia. However, many of his ideas became popular, and much of his practice proved successful; and later his work was taken up by homeopathic writers and revised in such a manner as to graft it into the homeopathic school. So much for popularity. His remedies, however, were prescribed in the 6x trituration, but not homeopathically, according to his own statement. In short, attenuation did not, according to his own testimony, make him a homeopath.

It is patent, then, to every independent observer, that to employ triturations does not relegate one to the realms of homeopathy. As much might the use of our specific medicines by many homeopaths, in exactly the manner in which we use them, and for the same purposes, confirm them as Eclectics. Undoubtedly many of these practitioners would be indignant if they were accused of being Eclectics. Such is the penalty of subserviency to creeds and dogmas. To independent minds such accusations bear no odium; for creeds and dogmas exert no influence for or against the curing of the sick.

When Professor Scudder began his specific medication crusade in 1869, he braved the animadversions of his contemporaries, well knowing that, in that day and age, they would be severe and unkind, from many sources. Those who were familiar with the Eclectic medical journals of that time can recall many of the unpleasant inuendoes passed along on the new subject and its author. Even the small doses recommended for our own old remedies were sufficient to condemn his position and brand him as a "homeopath." His faith in what he believed truth, however, held him up, and he persevered until his followers were more numerous than his detractors, and the latter finally became lost in obscurity. He even had the temerity to recommend, in his new work, Specific Medication, a few triturations; and this made them adopted specific medicines.

Legal adoption is certainly legitimate, for it is legal.

Our newer and younger generation of Eclectic would think it strange to hear pulsatilla, bryonia, cactus, rhus tox., and some other every-day remedies branded as homeopathic, and the Eclectic user branded as a homeopath for daring to recommend and employ them; yet some of them had never been mentioned in an Eclectic text-book until the publication of Specific Medication. They are adopted children, but none the less dear to us on that account.

It is difficult for some to realize that it is not triturations which serve to distinguish homeopathy; nor dilutions; nor pellets; nor tablet triturates. It is *similia*, and that alone which distinguishes the true homeopath. Nor would this be a mark of disrespect; the homeopaths have done marvels in the past toward the creation of an efficient materia medica. We want all they can teach, toward a more complete and reliable materia medica of our own, for all emergencies

When we employ remedies which have been introduced by the homeopaths they cease to be homeopathic remedies to us, and become Eclectic remedies, just as much as remedies formerly employed by the allopaths become Eclectic remedies when we adopt them. We do not employ them upon the principle of *similia*, but with the idea that they specifically influence a morbid organism after our own doctrine. Hardly any one would now regard ipecac as an allopathic remedy, though it was employed in the neighborhood of a hundred years before American Eclectic medicine was born by some members of the old school, though crudely; yet, for the same purposes we now employ it. The trouble with allopathy is that it forgets its good things as a rule, and goes chasing after rainbows. Apocynum was recommended by Eberle years before the Eclectic school was established, and for the same purpose we now employ it, namely, dropsy; yet we would hardly consider it an old school remedy. It is ours by adoption. One peculiarity of Eclectics is, when they find a good thing they know it, and stick to it.

Unfortunately, however, we are all more or less influenced by custom and popular prejudice. When we go back, however, and trace some prejudicial matters to their fountain head we are liable to radically change our minds, if we are inclined to be fair.

We have a rich materia medica, some of which we may thank our own individuality for, and some of which we must thank outsiders. We also have our own distinctive pharmaceutical preparations, of which we may all be proud. We have other forms for administration which may sometimes be of

great benefit, if we are not too biased to employ them. We should not be deterred because others not of our own peculiar faith have employed them before us.

Eclectics have always been a clannish lot, and we are inclined to shy at anything which does not bear our own trademark. But even "eclectic," as a common adjective, implies choice; then why should not Eclectic as a proper name, suggest a wider choice and more liberal, enlightened acceptance?

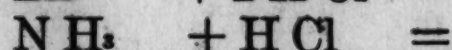
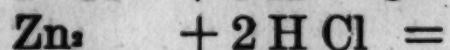
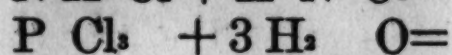
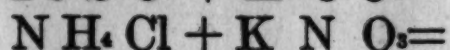
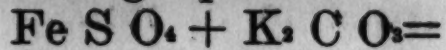
CALIFORNIA STATE BOARD OF EXAMINERS

Held in Los Angeles, December 6, 7, 8, and 9, 1910.

CHEMISTRY.

Answer 10 Questions Only.

1. Complete the following equations:



2. Name three elements and three compounds in the potassium group with their symbols and atomic weights.
3. Give the chemical formula and derivation of acetic acid, Mention the most important acetates.
4. State of the two chlorides of mercury:
(a) their name, (b) chemical formulas, (c) composition, (d) solubility, (e) color and other properties.
5. Discuss acidosis.
6. Give an outline for the tests to be made when the gastric juice is examined.
7. Under what conditions will the Fehling's and Trommer's tests fail to show the presence of sugar in urine?
8. Why is the reaction of the blood alkaline?
9. Which would be the most dangerous poisonous dose of Arsenic, a small or a large dose? Explain.
10. Mention two substances which poison by being inhaled. Name two narcotic poisons.
11. What emergency treatment should be employed for poisoning by Formaldehyde? By swallowing Chloroform?
12. What should be done in poisoning when the nature of the poison is unknown? (a) By what may the effects of a poison be modified?

HYGIENE.

Answer 10 Questions Only.

1. What method would you employ in controlling an epidemic of small-pox?

2. Give the usual length of quarantine for the following diseases: Diphtheria, scarlet fever, small-pox, plague.
3. Discuss three efficient methods of fumigation for a room of 10,000 Cu. ft.
4. Discuss the value of the three most commonly used germicides.
5. Discuss a rational method for the eradication of hydrophobia from a municipality.
6. Outline in detail all the methods of infection in bubonic plague. Give the clinical varieties of the disease and tell which variety shows the greatest mortality.
7. Outline a rational method for the inspection of public schools. What contagious diseases should prohibit a child from attendance? Name at least eight.
8. Describe Pasteurization of milk. What is the effect of pasteurization upon milk?
9. What methods are most efficient for the purification of city water? What diseases may be transmitted by water?
10. What changes may take place in food kept in cold storage? What length of time should be considered prohibitive for such foods?
11. Outline in detail two tests for sewage in drinking water.
12. What kind of food may develop Ptomaines and under what conditions?

HISTOLOGY.

Answer 8 Questions Only.

1. Describe the histological peculiarities of a pulmonary alveolus.
2. What histological features would enable you to distinguish a section from the cardiac end of the stomach, from one taken from the pyloric region?
3. How do voluntary muscle fibres differ structurally from involuntary muscle fibres?
4. Describe the Epithelial lining of the pelvis of the kidney. Make drawing.
5. What is spermatogenesis and how does it differ from karyokinesis?
6. (a) What structural peculiarities distinguish a mucous from a serous salivary gland? (b) Name a gland characteristic of each class.
7. Describe briefly a neurone found mostly in the spinal ganglia. Make drawing.
8. (a) Name a structure found only in the kidney. Make drawing.
(b) In the spleen. Make drawing.
(c) In the thymus gland. Make drawing.

- (d) In the testicle. Make drawing.
9. Draw a transverse section of a portion of the intestinal tract that has no villi—showing direction of section of various muscular layers—name portion from which section was taken.
 10. How would you distinguish a transverse section of the fallopian tube from a similar section from the appendix? Make drawing.
 11. Identify slides.
 12. Identify slides.

BACTERIOLOGY.

Answer 10 Questions Only.

1. Explain in detail how you would distinguish Tubercle bacilli from other acid fast bacilli.
2. Explain in detail how you would diagnose between Aestivo-autumnal Fever and a general Streptococcic infection.
3. What is the difference between Koch's Old Tuberculin and Koch's New Tuberculin?
4. How would you determine the character of a Vereneal sore, bacteriologically.
5. What causes Glanders, Influenza, Relapsing Fever, Malta Fever, Sleeping Sickness?
6. How are Bacteria destroyed in the living Body?
7. Explain the difference in action of Antitoxins and Bacterial Vaccines.
8. Describe three possibilities which might follow the pricking of the skin with a needle dipped in a virulent culture of Staphylococcus Pyogenes Aureus.
9. Describe the Bacillus Tetani. How does the Bacillus Tetani cause Lockjaw?
10. How would you obtain a culture of Bacillus Tetani?
11. What causes Favus, Ringworm, Thrush, Tinea Versicolor, Dysentery?
12. Describe briefly the life cycle of the cause of Malaria.

PHYSIOLOGY

Answer 10 Questions Only.

1. What is the role of the thyroid gland?
2. What are the nutritive relations of the nerve fibre and nerve cell?
3. What effect do various normal conditions have on the extent of the knee-jerk?
4. What general diagnostic significance is credited to the presence, increase or absence of tendon reflexes?
5. What clinical evidence is there that the spinal paths for pain, touch and temperature are separate?

6. What are the functions of the leucocytes?
7. What factors, besides the heart, aid the movement of the blood?
8. What is a sphygmogram and what general value may it have.
9. Describe a cardiac cycle.
10. What is the myogenic theory of the heart beat?
11. What is the physical theory of respiration?

OBSTETRICS.

Answer 10 Questions Only.

1. In the average composition of mother's milk, what is the per cent of the following: Proteids, Fats, Sugar, Salts.
2. Give the proper formula for preparation of cow's milk to take the place of mother's milk in the new born?
3. What are the dangers of prolapse of the cord and how would you proceed in such a case?
4. How many vertex presentations are there? Name them.
5. Describe tetanic contractions of the uterus during labor and what are the dangers?
6. Give the mechanism of labor in the left occipito-iliac anterior presentation.
7. What do you understand by puerperal psychosis?
8. Describe distocia due to abnormalities in development or presentation of foetus?
9. In application of the forceps what do you understand by the following: (a) Low forceps. (b) High forceps?
10. How may pelvic osteomalasea complicate labor?
11. Give the aetiology and description of cyanosis neanatorium.
12. What puerperal conditions call for uterine curettage and what conditions counter-indicate this operation?

ANATOMY.

Answer 10 Questions Only.

1. Describe the Plantar Fascia.
2. Describe the mammary and accessory mammary lymphatic vessels.
3. Describe the characteristics of an intercostal space.
4. What are the boundaries and contents of the mediastinum?
5. Indicate, on diagram, the situation of the valves of the heart in reference to the anterior chest wall.
6. What nerves form the brachial plexus?
7. What is the origin, course and distribution of the anterior crural nerve? Use diagram.

8. Give position and blood supply of the thyroid gland.
9. Indicate, on diagram, the position of the stomach with reference to anterior surface of the body.
10. What structures constitute the spermatic cord?
11. Describe the spinal canal.
12. What are the physiologic curves of the spine and what produces them?

PATHOLOGY.

Answer 8 Questions Only.

1. Describe the changes which take place in tissue during suppuration and describe the difference between pus corpuscles and white blood corpuscles.
2. Give the most common causes of paresis; its probable duration; and describe the resulting pathologic changes in the brain and cord.
3. Explain what is meant by secondary or Wallerian degeneration of nervous tissue.
4. Describe the changes in the eye caused by Trachema; give cause and probable duration and the condition more or less permanent likely to result; and what class of immigrants are most likely to bring it to California?
5. Describe the changes in the lung during an attack of pneumonia as a result of Streptococcic infection.
6. Describe the changes which take place during an attack of septic endocarditis and what valves are most likely to be involved and permanently impaired?
7. Describe the morbid condition responsible for the production of indol and indican in the system.
8. Describe the changes formed in the greatly enlarged spleen frequently found in cases of chronic malarial infection and the reasons for the same.
9. Describe pathologic changes resulting from Beri-beri; its cause, duration, and from what countries is it most likely to be imported?
10. Describe the changes resulting from the inhalation of CO and the reasons for the same.
11. Identify two slides.
12. Identify two slides.

GENERAL DIAGNOSIS.

Answer 10 Questions Only.

1. What are the symptoms and physical signs of incipient Phthisis?
2. What is the normal temperature of the body and describe the temperature curve in (a) Typhoid Fever; (b) Croupous Pneumonia; (c) Sepsis; (d) Tertian Malaria.

3. Describe an attack of lobar pneumonia.
4. Upon what symptoms would you base a diagnosis of hæmorrhagic pancreatitis?
5. Differentiate Acute Alcoholism from Cerebral Haemorrhage.
6. Discuss briefly the diagnosis of Epidemic Poliomyelitis.
7. Give the diagnosis of Vertebral Tuberculosis.
8. What are the complications which are liable to occur during an attack of Gonorrhoeal Urethritis?
9. Describe an attack of Psoriasis.
10. How is the vocal fremitus elicited? When is it increased? When is it diminished or absent?
11. Describe the symptoms and sequelæ of Peptic Ulcer.
12. Define: Paranoia? Hemetemeses? Arrhythmia? Tetany? Ophthalmia Neonatorum?

GYNECOLOGY.

Answer 10 Questions Only.

1. Abdominal section, indications, and contra indications.
2. Preparation for abdominal section. Brief explanation of regular steps, and special procedures.
3. After management of abdominal section, 1st, 2d, 3d, 4th days and subsequent orders.
4. Pelvic tuberculosis, what organs are involved, symptoms, diagnosis.
5. Methods of examination of female reproductive organs, for diagnosis.
6. Postural methods, and uses, indications.
7. Ulcers of the vulva. Simple, Chancroid, Syphilitic, Tubercular, Malignant, diagnosis.
8. Pelvic abscess, organs and tissues involved, etiology, diagnosis.
9. What are the ordinary disturbances of menstruation met by the general practitioner; significance.
10. Curetment of the uterus, indications, how performed, dangers.
11. Conservative surgery of the tubes and ovaries, what are the advantages and disadvantages?
12. Inflammatory diseases of the vulva (non-specific).

**THE ECLECTIC LEAGUE FOR DRUG RESEARCH.
COLCHICUM AUTUMNALE.**

Specific Indications: ARTHRITIS AND RHEUMATOID INFLAMMATIONS, WITH GASEOUS DISTENTION OF THE ABDOMEN, NAUSEA AND LOATHING FOR FOOD, WITH EVIDENCES OF LACK OF URIC ACID ELIMINATION.

Colchicum is one of the oldest known drugs, having been advanced many times as a specific for gouty and rheumatic affections the result of too rich a diet. It has continually fallen into decay possibly on account of poor drugs or a misunderstanding as to the case and dosage. In its several doses, it represents as many different remedies. In appreciable doses it is a marked irritant to all the eliminating surfaces, this irritation being likewise shown when the drug is applied directly to the skin. There has been much difference of opinion as to its action on the kidneys, some declaring that the drug does not affect these organs. It seems reasonable to believe, in view of the known action in entirely suppressing urinary secretion in large doses, that its eliminating action on these organs is only obtained when the drug is used in sufficiently small doses, or at least it occurs only during the beginning use of the large dose. Again, large doses early irritate the gastro-intestinal tract, producing dysenteric symptoms and preventing absorption of the drug into the general circulation. Poisoning by the drug gives rise to symptoms closely resembling Cholera, or in milder form, gastro-enteritis. Prostration is often great.

Intense nausea and disgust for food accompanies overactions. This is given by the homeopaths as an indication for the remedy. They claim that even the thought of food makes the patient feel worse.

Colchicum has been used with some success, it is claimed, in Asiatic Cholera, employing the small dose. The chief use for the drug has been in acute gout and similar affections, the result of too much meat and nitrogenous food. Its action here is often magical, pain being relieved in a few hours' time. The dose must be short of intestinal irritation if the best results are sought. If the ideal symptoms in the abdomen are present, large doses may be given until the tongue shows evidences of its stimulation on the gastro-intestinal tract. Some recommend a cathartic combined with it.

When the tongue is reddened and pointed Rhus tox. or Bryonia are often useful adjuncts, as indicated.

Some observers have claimed that the frequent use of the remedy produces a condition of asthenia in otherwise sthenic patients. It is doubtful if this would occur if the dose had been

properly regulated to neutralize the drug action with the disease action. Personally, I use Colchicum only to begin treatment, substituting other indicated remedies as soon as the acute signs of the disease have begun to disappear. Its effect may be determined by watching the digestive tract. When the bowels are quiet and constipated, Colchicum should be stopped whenever peristaltic action is set up.

Colchicum has an effect on the eyes and has been recommended by many observers in ocular inflammations, scleritis, cataract, etc. It is doubtful if it has any effect on real cataract. Rheumatic conditions here should yield to the drug.

The principal constituents of the drug are Colchicine, Colchicine Acid, Colchicoresin and Beta-Colchicoresin. Colchicine is the preparation most in use. Fluid extracts are very unreliable and nauseating and the active principal Colchicine gives excellent service. I generally put 1/50 grain to the ounce of water and administer a teaspoonful every two hours. The drug is slow in elimination, taking nearly two hours for this to occur. Hypodermics act quicker and are more quickly eliminated. The Specific Medicine may be given in doses up to three drops.

Study for Jan. Condurango; Feb. Tiger Lily; March, Euphrasia. Reports are solicited on the action of these remedies.

MEDICINAL PROPHYLAXIS.

By G. W. Harvey, M.D., Millville, Cal.

In recounting the history of the human race we find nothing that will begin to equal in magnitude the terrible ravages of a pestilence, where the black hand of death sweeps thousands of innocents and adults into untimely graves scarcely without warning. There is nothing in the annals of man that offers a comparison to the virus of contagion and infection in its subtle invasion of the citadel of human life. No terror is so indelibly stamped upon the human mind as the terror of contamination and death from some contagious or infectious plague.

Contagions are the greatest enemies of the human race, for a single epidemic has swept away almost one million people in less than a year in Egypt. In Naples it has swept away nearly half a million in six months, to say nothing of the unrecorded millions that have perished and are still perishing in all the nations of the earth. For this monstrous scourge then, we need a medicinal prophylactic that will fortify the human system against it and stay the contagion at any stage of infection. Such a medicine or medicines given to the world and the medical profession and humanity have received the greatest possible blessing that could be bestowed upon civilized man.

This being true, then our principal quest as physicians should be to search out and develop prophylactic medicines that will abort completely or mitigate perceptibly the contagions that are so deadly to our fellows. The history of the human race shows innumerable attempts to find and search out a means of prophylaxis and rejuvenation, but these efforts have been rather in quest of "the fountain of immortal youth" and the driving out of the body one disease by engrafting or producing another less dangerous. Few indeed have been the intelligent efforts to discover medicinal prophylactics among the herbs and medicines that we daily use or have access to. The physicians of all schools unite in honoring the name of Jenner, who conceived the idea of physical prophylaxis against that dread disease, smallpox, and how much more will they honor the man who discovers and develops a prophylactic medicine for smallpox, measles, diphtheria, etc., etc., prophylactics that will act in any climate and under any circumstances, prophylactics that while positive in their action and protection would be harmless and inert when given in health, so that trouble nor injury could never result from their use. This would be a step in the right direction. It would be applying reason to therapeutics, and medicine would begin to take a position among the sciences, instead of being rank empiricism as it is held to be by some of its most eminent devotees today.

If, then, prophylaxis against all manner of disease contagium is the chief end to be gained in medicine, it stands to reason that before we can expect to combat it intelligently, we must know something of its physical nature and how it operates in the system to produce the different specific maladies.

It is held in this day and age that every disease that preys upon the animal system is of microbic origin, but I contend that disease is more of an essence than a microbe, that it acts upon the central cerebrospinal nerve centers, impressing some of them to forsake their normal physiological functions and devote their energies to promoting a pathological anabolism or katabolism as the case may be, in certain tissues of the body, which, when it has exhausted its power over them, ceases to act, the natural physiological metabolism follows gradually and the body is restored to health, or else succumbs to the malady from excessive pathological and regressive metamorphism.

There can be no question but that the central nervous system is the dominant factor in every process of physiological life, whether it be anabolic, metabolic or katabolic, from the inception of germination to the last respiration of the individual. If the trophic nerves sustain the life and promote the growth of the individual by their direct influence upon digestion, absorp-

tion, assimilation, secretion and excretion; if the sentient nerves preside over sensation, motion, language, mental and moral manifestations, then why may not these same nerves when acting under the direct influence of some disease contagium, be as likely to beget pathological tissue change and much more so than microbes? If the machinery of individual life is run by nerves, and the normal equilibrium of health and physiological activity is sustained by the same, why may not ill health and pathological tissue activity be brought about by these same nerves under the power of some subtle disease contagium?

I contend that in reality these are the facts in the case, and that as physicians we have misunderstood and consequently misapplied, in theory at least, our means and methods of medication.

In proof that the central nervous system governs and operates all the functions of life, I have to but cite you to certain well-known facts in physiology. Respiration we consider one of the most important functions of life and physiologists recognize the fact thoroughly that the stimulus which excites the action of respiration comes directly from a center in the medulla oblongata, (Flint's Phys. 3rd edit. pp. 660, 726, 727, etc.,) and is therefore generated and maintained by the central nervous system.

Heart action and circulation we consider, possibly, the most important function of the vital economy and this, like respiration, is generated and maintained, augmented and inhibited by a central nerve center and its auxiliary nerves and ganglia. (Brubaker's Comp. Phys. pp. 55, 56.). Here we find that an application of medicines directly to the controlling nerve centers will stop and start the heart. Muscarine stops the heart by its action upon the inhibitory center of circulation in the medulla oblongata, and atropia starts the heart by its reverse action upon the same center. Exactly the same results are obtained, providing the vagus nerve is not severed, by giving the medicines hypodermically or per orum. (Flint's Phys. p. 654.)

The experiments of Wood and others have proved to us that medicines cannot act when the vagus nerves are severed high up in the cervical region, no matter how they may be given. Hypodermic medication is as powerless as stomach medication, (ib. p. 665) showing conclusively and beyond question that medicines act through the nerve centers in the brain by way of the afferent nerves; these same controlling centers receiving their impressions and power of continued action from the medicine administered, through the afferent nerves whose terminal filaments ramify throughout all cellular and mucous tissue. The idea that medicines are carried to the seat of action

by the blood or circulation is an error, I am persuaded, for were this the case, we would observe some action from them in spite of the division of the afferent nerves.

To further illustrate this idea, let us turn to the action of these same nerves in a normal and healthy physiological condition. Let us note the phenomena discovered in the different organs and tissues under the same impressions. A division of the pneumogastries in a perfectly healthy animal produces immediate and grave disorders of the digestive processes and the animal seldom survives more than a few days. Personally I had the opportunity to observe the results of a division of one of the pneumogastric nerves in the lower cervical region of a splendid horse. A large chisel was accidentally driven into his neck, severing one of the carotid arteries and the pneumogastric nerve. I tied the artery but did nothing toward uniting the severed nerve, and witnessed the horse go through all the stages of complete and total starvation, although eating and drinking abundantly in his freedom for three months before he died.

Intestinal secretion and digestion is as markedly influenced as is that of the stomach by section of the pneumogastries, showing that the normal physiological functions of life are continued, yes, and begotten by the central nerve centers, and that when these same centers are disconnected from the terminal stations by a division of the connecting nerves, the terminal stations suspend action because their supply of energy, electricity, or nerve force is cut off. (ib. pp. 262, 664, 665.)

The same results are noted in regard to the action of nerves upon nutrition. By dividing the nerves that supply an organ we can destroy not only its normal functions, but its individual life as well, since an organ of the body deprived of its central nerve support cannot appropriate and adjust the supply of nutrition received by it properly, consequently it breaks down into a putrid mass and it totally destroyed. (ib. pp. 405, 406). In other words, any organ severed from the brain centers which govern its various physiological activities, cannot maintain its integrity, and therefore must perish from among the working members of the body corporate.

The same is no less true of waste and elimination, for by experiments upon animals we find that we can augment or diminish not only the normal functions and secretions, but we can actually cause disease by stimulating the nerve centers. (ib. pp. 348, 481). Not only are secretion and excretion increased or diminished by the influence of galvanization and division of the nerves that supply the different organs, but repair and waste is so quickly altered that you may observe the change readily in the color of the blood coming from an organ or circulating

within it, since by division of one set of nerves waste is actively increased as can be seen by the dark blood in the veins, while on the other hand, it is retarded or stopped altogether as may be discerned by the same blood becoming red or arterial in appearance. (ib. p. 347)

If, then, we have established the fact, as it would seem we have, from these observed and well-known physiological phenomena, that the central nervous centers in the brain and their attendant ramifying nerves are the dominant factors in all the different physiological functions of the animal system, then we are ready to take up the question of how the nerves act and by what force or power they govern the manifestations of life. If we can explain this action beyond a reasonable possibility of doubt then we will be in a position to understand how disease contagium operates in the human body, and how medicines act to cure or prevent the same.

As long ago as Jan. 1898, there appeared in "Popular Science News" an article entitled "What Is Nerve Force?" which set forth and demonstrated from a logical point of view at least, substantially the same conclusions arrived at recently by Dr. A. P. Matthews and others. Dr. Matthews has demonstrated pretty thoroughly that all nerve action is electrical and that the poisonous action of inorganic salts is due, not to the salts themselves, but to the charges of electricity which they carry; that negative charges of electricity stimulate the action of protoplasm, while positive charges paralyze as it were, the action of protoplasm to such an extent, that if not counteracted it will destroy the life of the individual. (Century Mag. Mar. 1902) The positive or negative charge of electricity carried by any salt is in proportion to the positive or negative elements of the salt, or more properly speaking perhaps its valence. Dr. Matthews has further shown that the transmission of a nerve impulse is in reality a process of gelation and liquation, wherein the positive nerve axis cylinder assumes a gelatinous consistency upon the passage of a negative charge of electricity, and then immediately resumes its normal liquid condition. Overton and Meyer made the discovery that anesthetics dissolve fats, and we conclude from this that anesthesia is nothing more than a temporary permanent liquation of the fatty elements of the axis cylinder of the nerve which prevents gelation and therefore stays the passage of any nerve impulse from the brain or periphery so long as the anesthetic is continued.

Here again we find that it is the nerves and not the blood that carries or refuses to carry the medicines or drugs that operate within and upon the system. The blood and circulatory functions of the body have only to do with the movements of

nutritive and waste material. It is the central, ramifying and peripheral sensory and sympathetic nerve systems only that have anything to do with the working of the organs and tissues, nutrition and waste of the body.

That this is true I am persuaded for several good and sufficient reasons, chief of which is the fact that all nerve phenomena is the result of electrical pulsations, and that the physiological action of all inorganic elements, which elements themselves make up the entire organic world, act upon the nerves by virtue of the charge (valence) of electricity that they carry, impressing the central nervous system in proportion to the amount or valence carried. From the experiments of Dr. Percy Wilde, of Bath, Eng., we learn that the addition or loss of energy has no influence upon the weight of matter, and that it is only the available, not the existent energy which gives power to a remedy or substance, and that the activity of a medicine is not the measure of its power but the measure of the amount of energy necessary to set it free or bind it up in the system so that it cannot act. To guide to this energy is its electrical conductivity or the number of electrified sub-molecules that the solution contains capable of uniting with the bioplasmic elements of the body. In other words, the protoplasmic cells of the body cannot set the energy or valence of a remedy free unless the molecules are disassociated by trituration or dilution to a point where the microscopic nerve cells may coalesce with the medicinal atoms of the remedy exhibited. It is this union of the atomic sub-molecules of the medicinal agent with the protoplasmic cells of the nerve that liberates the electric energy manifest in its action. It may be emetic, cathartic, febrifuge, antispasmodic, etc., but whatever its action is, it is expressed through the central nerve centers. It is the sub-molecules only, to make it more explicit, whose electrical valence can be utilized medicinally, since the super-molecules are too gross to affect the delicate nerves that operate the functions, organs, and tissues of our bodies.

It is in this way and in this way only that drugs and medicines taken from any source—organic or inorganic, they are all the same—act in the animal organism, because the quality and valence of every element known to man and chemistry occupies its position among the elements solely according to its **positive or negative electrical properties.**

Having elucidated the action of drugs and medicines in the system, it now remains for us to illustrate the methods of nutrition and demonstrate how it is that the economy differentiates between food material and medicinal material, for we have already seen that medicines act wholly through the nerves, while food can act and upbuild only through the alimentary tract and

the great highway of circulation, so that the action of foods and medicines are as opposite in their effects upon the body as day and night.

The actual process of blood making and nutrition is so faintly understood by the majority of physicians, that it is perhaps best to review it partially in this article, that all may have a clear understanding of the subject, and realize perfectly the feasibility of medicinal prophylaxis against all manner of disease contagium.

Blood is nothing more or less than the direct product of digestion; the physiological elaboration of crude food products into nutritive tissue material. The change from crude food material to red blood is consummated in a very short time, requiring no longer than the digestion and aeration of the ingested material, or from two to six hours. The idea that all red blood must be elaborated from the red bone marrow is certainly one of the errors in physiology today, for in case of severe hemorrhage a person would starve to death before the bone marrow could produce enough blood to supply the waste. Then again, if the three to six pounds of food ingested daily by the average individual is not made into blood, good rich arterialized blood, what is it made into? All physiologists recognize the fact that it is the food which we take daily that nourishes the body and keeps it up to the standard of health, and food can do no good until it is first made into blood, so that new, red, arterialized blood must be made in sufficient quantity to supply all bodily waste and furnish a surplus as often as there is a demand for food, or about once in six hours.

The exact method in which nutrition takes place in the body seems to be directly from the arteries themselves instead of from the capillaries as has long been supposed. It has been recently shown that the arteries contain a system of papillae and villi the same as the intestines, which stand out into the blood current and select just the material required as it passes. Each separate villi in the arteries is seemingly charged electrically from the dynamo (brain) and selects its atom of nutrition from the blood stream as it passes, in the same manner that a magnet would select particles of iron filings from a stream of sawdust. In other words, the processes of nutrition and waste are dependent upon the positive and negative properties of the material entering into their makeup and are just as certainly electrical as a nerve current. See author's article "Something New In Physiology," Pop. Science News, 10, 1902. The active force or power manifest in the translocation of the blood particles in the nutrition of the body is electricity, which is the same as the active principle in all nerve action, but the two elec-

tricitities are wholly different in their valence, if I may use the term. When the system is in need of food every separate villi in the arterial system is charged negatively to every particle of nutritive material floating in the blood current which it requires for its individual needs in its trophic labors, and selects the molecules as they pass, by virtue of its opposite electrification to that of the food molecules.

The valence of all food molecules which enter into nutrition must be gross indeed in comparison to the valence of medicinal agents which can only act through the nerves, and herein lays the difference between food molecules and medicine molecules, and this is how the system differentiates between foods and medicines; foods carry charges of electricity so gross that the nerves can take no cognizance of, or at least are not impressed by them in any way because they cannot liberate the medicinal charge which they carry along with the food charge, but these same foods sufficiently disassociated by trituration or dilution may become the most valuable and potent medicines, for the reason that their gross food charge or valence has been broken up as it were into medicinal sub-molecules.

The system will be impressed medicinally by no remedy whose electric charge or valence is gross enough to be handled and recognized as food or waste material, while any thing of any nature taken into the body in any manner, where the charge of electricity or valence is so subtle that the nerves may liberate its energy and receive its impress will act as a medicine. For these reasons the physician who deals in very small doses is working more nearly along physiological and curative lines, than those who use doses of medicine that are gross in their proportion and valence.

I have already stated in this article that I believed all manner of disease contagium to be "more of an essence than a microbe," but perhaps I best enlarge somewhat upon this idea and explain not only what sort of an essence it is, but how it may be combatted and overcome, jugulated, if you please, in its very inception by medicine-prophylactic medicines.

We have already shown that the central nervous and sympathetic systems are the dominating factors in every physiological function of animal life, and that these systems are operated in every phase of their respective activities by electricity. We have also shown or attempted to show at least, by proofs that would seem as positive as those of the nerves, that the whole complicated process of nutrition and waste takes place by means of the same force, or in other words, is operated by the same power—electricity.

(To be Continued)

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

PROPOSED AMENDMENT TO OUR STATE MEDICAL LAW

The biennial meeting of our State Legislature is at hand and no doubt the usual number of bills will be offered by special interests in the name of the "deer peepul;" all of which would be a joke were it not as old as the making of laws; and also for the further reason that the people pay the bills, which is no joke at all. However, law-making has become such a fine art that it is possible to so construct a bill that it will mean something quite at variance from what one would learn from a casual perusal. Such a bill is said to contain a joker,—presumably because it is the winning card—and it is intended to benefit the designer. The cause of Eclecticism does not need any such subterfuge, or in fact any deception of any kind. Personally we are not at all sure that any kind of a law is beneficial to the medical profession at large; but since we must have such laws forced upon us let us try to get a little bit of humanity and fairness incorporated into them. In this State there is the feeling that there are too many doctors—the same feeling is felt in any profession or trade anywhere in the wide world—and the laws have been enforced in such a manner as to gradually reduce this number. The belief being the same here as in other parts of the world; namely, less workers, more pay. It seems that the fallacy of this argument would be apparent, at least to persons of supposed reasoning ability, but

it is not. And so we are engaged in doing what we can to mitigate the severity of the effects of this belief as it is found in our present medical law. Therefore we are in favor:

Firstly: Of an amendment which will make it mandatory upon the examining board to condition an applicant who has failed in one, two or three subjects but has attained the required grade in all others. This will relieve him of a good deal of unnecessary strain when preparing for the succeeding examination, but it does not permit him to begin practice in any sense.

Secondly: Of an amendment which will make it mandatory upon the examining board to endeavor to arrange terms of reciprocity with those several states in each of which the medical laws are not essentially different from ours. This will relieve us of the odium of a dog in the manger policy; and it need not lower our rather high standard one jot.

Thirdly: Of an amendment requiring each of our various state medical societies to nominate double the number now nominated. This will give the Governor greater latitude in making a selective appointment, and thereby comply with the expressed wish of the Chief Executive.

Fourthly: Of an amendment requiring that a person who desires to study medicine to first procure a certificate stating that the applicant has the necessary preliminary educational qualifications and that such certificate may be acquired but in one way; namely, that the various County Superintendents of Schools shall examine in person or by deputy, at a fixed time, any applicant for such certificate, and that the examination shall cover such studies and branches as are recognized as the minimum requirement for graduation from the High Schools of this State; provided that the applicant, if found qualified in a majority of such branches, shall be granted a provisional certificate good for one year and at the end of which time he shall fully qualify. This will permit the person desiring to enter upon the study of medicine to fully qualify before leaving home, and the boy who gets his Latin while driving a plow has a chance as well as the boy who gets his in High School. For there are many ways of acquiring even book knowledge beside going to school, and to the mind of the writer such methods should have more ready recognition. The ambitious poor boy is still with us and we sincerely hope he always will be.

Now, we do not suppose that all of these suggestions will appeal to all of our readers, but we believe each one to be fair and equitable. Such as they are we leave them with you.

"606."

Dioxydiamidoarsenobenzol is said to be the correct chemical name of the arsenic compound recently introduced by Prof. Paul Ehrlich as a cure for syphilis. It is called "606" because that is its consecutive number in a series of experiments by him to determine a remedy for the cure of this disease. It is a yellowish powder and a single dose of eight grains is given intravenously or by intramuscular injection. "The action of the remedy is nothing short of marvelous for within a few hours after the injection, the chancre and adenopathy begin to disappear, the eruption pales, ulcers heal, etc." "Many good people were wont to scoff or at least to shrug their shoulders at Paul Ehrlich, because in spite of his wonderful energy, tireless industry and remarkable scientific acumen he had not given the world anything practical, anything utilizable in every day practice. Well, Ehrlich has redeemed himself. He has justified his life-work, if it needed any justification. The name Ehrlich will never die. He is among humanities very greatest benefactor. He is immortal."

The above quotation is made because it tells the whole story in a few words, and we can consistently add that we **hope** it is all true. But the same thing was said upon the advent of the tuberculin treatment—perhaps the most colossal fraud ever inflicted upon the ill of a confiding public—and we, personally, are wary. One would suppose from such enthusiasm that before this discovery there was no remedy for the treatment of syphilis. An idea which eventually will reach the laity as did like ideas concerning pneumonia and typhoid and it will be necessary for our "Regular" friends to still further reduce the number of practicing physicians. We personally know that a number of Eclectics are treating this disease quite successfully and not sending the patient away from his home to do it, either.

"606" doubtless is a powerful drug, but this is not the first time that arsenical compounds have been used in this disease. But, of these other instances the less said the better, at the present time.

This is a good time to let the "other fellow" do the experimenting.

WHOM THE GODS WOULD DESTROY THEY FIRST MAKE MAD.

We are well aware we are treading upon somebody's pet corns, probably the corns of a good many somebodies, when we venture a few remarks upon the "Dispensing Doctors" problem, but we cannot keep silence upon a matter whose discussion has of late caused so much acrimony and extravagant use of adjectives of the you're-another variety by the heated disputants.

We are for the pharmacist and his rights first, last and all the time, but what are these rights? The discussers and cussers have apparently lost sight of the difference in meaning between the words rights and demands. Some of the pharmaceutical journals, and some pharmaceutical associations have asserted and passed resolutions asserting that the doctor has no right to dispense his own medicines, and should be debarred therefrom by law. Even the N. A. R. D. met in annual session last month to discuss the following preamble and resolutions:

Whereas, Owing to insufficient pharmaceutical education of practitioners of medicine, on the one hand, and the fact that it is capable of proof that, in a large number of instances, the character of the drugs and medicines supplied to the dispensing physician is of inferior quality and impure according to official standards, on the other hand, hence prejudicial alike to the practice of pharmacy and the welfare of the public, therefore be it

RESOLVED, That the legal department of the N. A. R. D. be instructed to draft a suitable bill for the purpose of prohibiting the dispensing of drugs and medicines by physicians, and be it further

RESOLVED, That this association shall use its influence in endeavoring to have said bill enacted into a law in every State.

Of all asinine things, this is the asininist. It is the doctor's **right**, (emphasize it, please) to give his patients whatever medicines he deems best, and this right will not and cannot be taken from him until the sun rises in the west, and that will be a long time. All the druggist or any one else has a right to demand is that the doctor shall be competent to decide what is best and that he use the proper quality. These demands should be enforced by law, but to take away the right to dispense, what rot! The homeopathic fraternity would be wiped out entirely by such a proceeding.

If the N. A. R. D. believes the doctor has not sufficient pharmaceutical knowledge to manufacture medicines, then compel him, if he would compound, to qualify; if he buys and

uses inferior drugs, get after the manufacturer and make him observe the law, and while you are at it get some legislation that will make the doctor use only reliable stuff, but for goodness' sake, don't think you can stop him from dispensing. You can't, and you shouldn't try.

The pharmacist complains that the physician buys bum stuff from bum supply houses. Why doesn't the druggist get after the trade of the doctor and sell him what he needs? Then, as we all know there are no bum druggists and no bum goods in drugstore stocks, there would be no danger to the patient, the dear public. (This is sarcasm.)

Suppose all doctors wrote prescriptions, what assurance is there that all druggists would dispense naught but the reliable? We all know there are some druggists who in their purchases put price first and quality second, and there are some wicked manufacturers besides the physicians' supply houses. Possibly some of these prescriptions might go to some of this kind of druggist and be filled with some of this kind of drugs. How is the patient benefited in such case?

The character of drugs dispensed by doctors is unquestionably often abominable, but these doctors are not altogether responsible for such a state of affairs. Make it a crime for every one to make, sell or dispense off-color medicines; this is the direction in which our efforts should be exerted. If the doctor wants to be a compounder, get the board of pharmacy after him to determine his capability, but there's no sense or justice in any proposition to deprive him of the right to dispense. Following such a proposition to its ultimate conclusion would take from him every aid and means he has with which to combat disease. He couldn't have in his possession, use, lend or sell a hot water bottle to make up an extempore solution from a tablet for an emergency injection.

We insist, the doctor has an inherent right to dispense what he will, and the laws and the public sustain him in his right and will not allow it to be taken from him.

The druggist, whose interest is principally a financial one, made a mistake long ago when he let the doctor's trade get away from him. If the druggist could and would supply the doctor what he wants (even though the medico is after a little profit) there would be no reason for the hubbub which now deafens us.

During the past two or three years we have heard a lot about the propaganda for the use of U. S. P. and N. F. preparations, the cultivation of "more cordial relations" between physicians and pharmacists, etcetera and so forth. How in the name of common sense can you expect to win the doctor by pat-

ting him on the back with this soft stuff when at the same time you smash him in the face with such a fist of steel as these N. A. R. D. resolutions? No act is better calculated to make wider the breach between the two professions than is the "campaign," God save the mark, which has been pushed along these lines.

We approve heartily of the attempt to get the doctor to prescribe U. S. P. and N. F. preparations, but if he will not, but wishes to dispense, try to induce him to dispense these, and sell him the stuff yourself to do it with.

There is not a doctor or a medical journal which will admit there is any reason or reasonableness in the druggists' demand that the doctor shall quit dispensing. On the contrary, if druggists really knew what the medical journals and physicians say about them for this asinine proposal, they would realize that in their haste and ignorance they are barking up the wrong tree.

Now, we have said our say on this question and we feel lots better. We expect a lot of criticisms and some pretty tart rejoinders from some quarters. We shall not answer. Our opinions, as expressed, are honest ones, resulting from long-time experience and observation, and it would take a lot of undiscovered up-to-date-as-yet facts, figures and arguments to make us change them.

We believe our friends, the pharmacists, seriously err in an advocacy of a proposition such as that which furnishes the text for these "few remarks."

(Since the foregoing was written the meeting of the N. A. R. D. has been held. While dispensing by doctors was deprecated, no attempt to remedy the "evil" by legislation was decided upon).—Ed. Practical Druggist.

CO-OPERATION.

Let us do an example in arithmetic.

If it takes four men, working together, five minutes, to raise a five-hundred-pound safe to an elevation of five feet, how long will it take the same four men, working one by one, to raise the same safe to the same height?

And we will hear this answer from everybody:

Nonsense,—what four men, working together, can easily accomplish in a few minutes, no number of men, working one by one, even if for the same purpose, may ever be able to succeed in doing.—

Yet, though we all will see, that it will take at least four men working together, to raise the safe, we are trying to lift heavier weights, do larger tasks, one by one, without calling

for that co-operation, for that help, which we must have before we can succeed.—

This lack of co-operation, this playing a lone hand, is what is holding us back, every one of us.—

Not to say that we Eclectics are not successful.—

But this success is not due to the fact that we are playing a lone hand, but notwithstanding it.—

The moderate success the average Eclectic practitioner may boast of, not in the way of curing his patients, for in this his success is great, and of this we do not speak, but in a business way and in obtaining the public recognition he deserves, is due solely to his Eclecticism.—

But if the Eclectic practitioners would co-operate as do practitioners of newer and less deserving schools, no power on earth could prevent Eclecticism from becoming in a very short while the reigning system of medicine.—

Co-operation is what has made our trusts.—

Co-operation is a great power for good as well as for evil.—

And co-operation is what the Eclectic School, the Eclectic practitioners should practice.—

And by co-operation is meant, not kindly feelings, wishes of success, reading the same papers, going to the same meetings, and eating the same kind of food, but really working together, shoulder to shoulder, hand in hand, at the same time for the same purpose and for the same purposes, until you have achieved what you desire, until you have been given that recognition which you feel, which you know, you are entitled to and which is unjustly withheld from you.—

The co-operation of your enemies is what has harmed you for years, and which you have had to fight.—

Your own co-operation is necessary for you to win, and without it any battle won, any success achieved will be valueless, because you will be unable to hold the fruits of your victory.—

The Eclectic school of medicine is called the American school of medicine.—

Why not then keep this motto for our guidance?

"United we stand, divided we fall."—

This is the motto which has led to victory the glorious armies of our country.—

It is surely a motto of co-operation.—

"United we stand, divided we fall."—

And this we must keep in our mind.—

The war which we must wage against our enemies is not a war of conquest only, but also a war of self-preservation.—

We have reached the point where we can not stand still.—

Having gone so far as to force our enemies to declare peace, we must not forget that the only way to preserve that peace is to be prepared for war.—

And for war we must be prepared, for the peace that has been declared is nothing else but an armed truce.—

We must not forget that however superior we may be in our therapeutic achievements, we are vastly inferior in numbers, and are bound to be swallowed up, if we do not, by massing together, make a creditable and formidable showing.—

We must co-operate in all things which may give our school a firmer standing in the community.—

And always we must remember that—

“United we stand, divided we fall.”

—A. A. A. in Eclectic Review.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20th, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24 and 25, 1911. John Fearn, M. D., Oakland, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 10, 1910. A. P. Baird, M. L., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p.m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Dec. 6th at the usual hour and place.

Dr. de Monco read a paper on Chronic Catarrhal Prostatitis, —which was followed by a long discussion on the therapeutics of the various forms of electricity.

The annual election of officers resulted as follows:

Pres.—J. F. Barbrick.

Vice-Pres.—Orin Davis.

Sec'y and Treas.—P. M. Welbourn.

The next meeting will be held on January 3d, at which time Dr. James Beard will read a paper.

Adjournment.

P. M. WELBOURN, Sec'y.

J. BEARD, Pres.

NEWS ITEMS.

LOCATION: A physician living in the northern part of this state who is going to retire owing to age and ill health wishes to turn his practice over to an up-to-date Eclectic. Nothing to sell.

Mrs. E. R. Harvey and son, Long Beach, have returned from a visit to Ohio, having been called east owing to the illness and death of a sister of the former.

Dr. and Mrs. H. T. Webster have returned to their home in Oakland after a month's visit to this city, during which time Dr. Webster delivered a course of lectures in the California Eclectic Medical College.

Mrs. Scheurer, wife of Dr. B. W. Scheurer, Long Beach, died on December 20th at her home after a lingering illness of three years. The Journal extends sympathy to the bereaved husband and children.

Dr. Orin Newton, C. E. M. C., 1910, was a successful candidate before the last State Board. Congratulations. We understand that Dr. Newton will practice his profession in partnership with Dr. L. A. Perce of Long Beach.

Dr. J. B. Clifford of Santa Barbara has been appointed surgeon with the rank of Colonel on the staff of Brigadier General of the Uniform Rank Knights of Pythias.

COLLEGE ITEMS.

J. F. Barbrick, M. D.

The students of the college having had their time occupied by their studies and lectures since college began, found that it would be well to get acquainted with each other, and the faculty, a little more. So on Monday evening, November 27th, they invited their friends, and the faculty and their friends, to the college auditorium for an informal social time. A very interesting and entertaining literary program was given by the students and their friends, after which everyone proceeded to get busy and have a good time and get acquainted. Games of different kinds and dancing were indulged in until a late hour.

Dr. O. Newton, C. E. M. C., '10, took the recent State Board examination held in Los Angeles December 6-9. The boys all hope "Newt," as they affectionately call him, makes it.

The hearts not only of the student body but of the faculty went out to Mr. Cox '13 during his illness, and when it was announced he was out of danger and would be able to renew his studies after the holidays, their joy was unbounded. Hurry up and get strong again, "Coxie." We can't get along without you.

A DELIGHTFUL REVELATION

The value of Senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "**Syrup of Figs and Elixir of Senna.**"

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of California Figs	75 parts
Aromatic Elixir of Senna, manufactured by our original method, known to the California Fig Syrup Co. only .	25 parts

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action acceptable to the taste and never followed by the slightest debilitation.

ITS ETHICAL CHARACTER.

Syrup of Figs and Elixir of Senna is an ethical Proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully, as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age, it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

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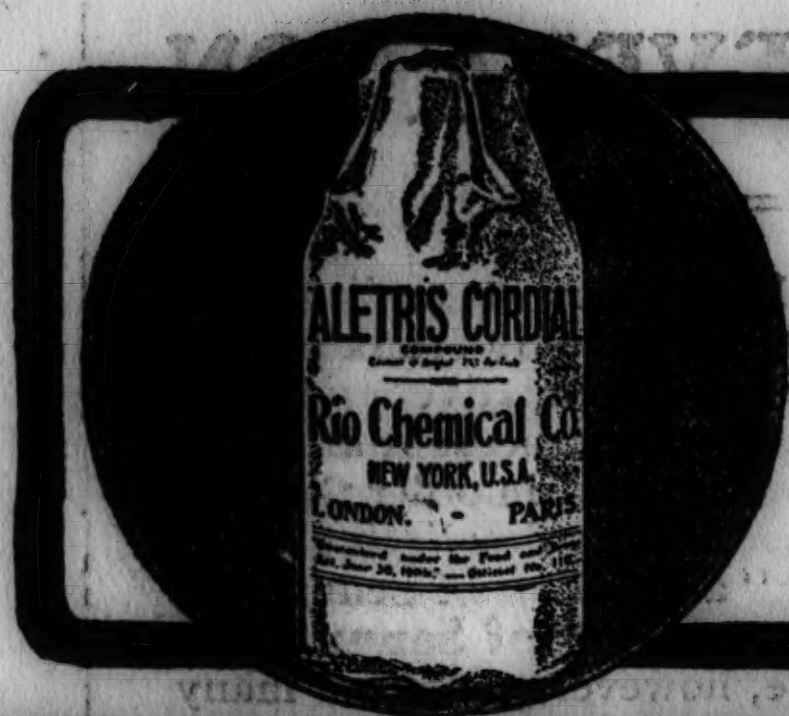
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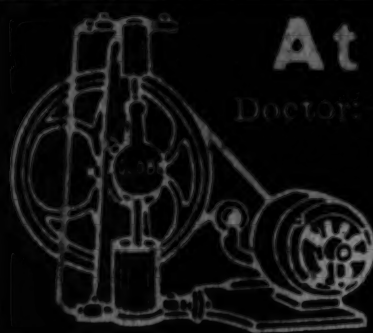
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GLOBE MANUFACTURING CO., Battle Creek, Mich.

A TRIUMPH IN PILL-MAKING.

Parke, Davis & Co. confess that their soft-mass pill, which is now receiving so much favorable attention from the medical world, was for a long time a "hard nut" to crack. They had set out to produce by the soft-mass process a pill that should be a credit to their house and to manufacturing pharmacy. The task at first seemed simple enough. Here, as elsewhere, theory and practice were at variance. As a matter of fact, a good deal of experimentation had to be done. Time was consumed. Money was expended. In the end, of course, ingenuity triumphed.

In structure the soft-mass pill, as manufactured by Parke, Davis & Co., consists of a plastic mass encompassed by a thin, soluble chocolate coating. It may be flattened between the thumb and finger like a piece of putty. An important advantage of the soft-mass pill is the readiness with which it dissolves or disintegrates in the digestive tract. Another commendable feature is that, no heat being applied in the process, such volatile substances as camphor, the valerianates, the essential oils, etc., are not dissipated, so that any pill embodying one or more of these substances may be depended upon to contain just what the label says it contains.

Parke, Davis & Co. are putting out close to thirty formulas by the soft-mass process—all of them listed, we believe, in advertisements now appearing quite generally in the medical press. Practitioners under whose eyes these announcements do not happen to fall may profitably write the company, at its home

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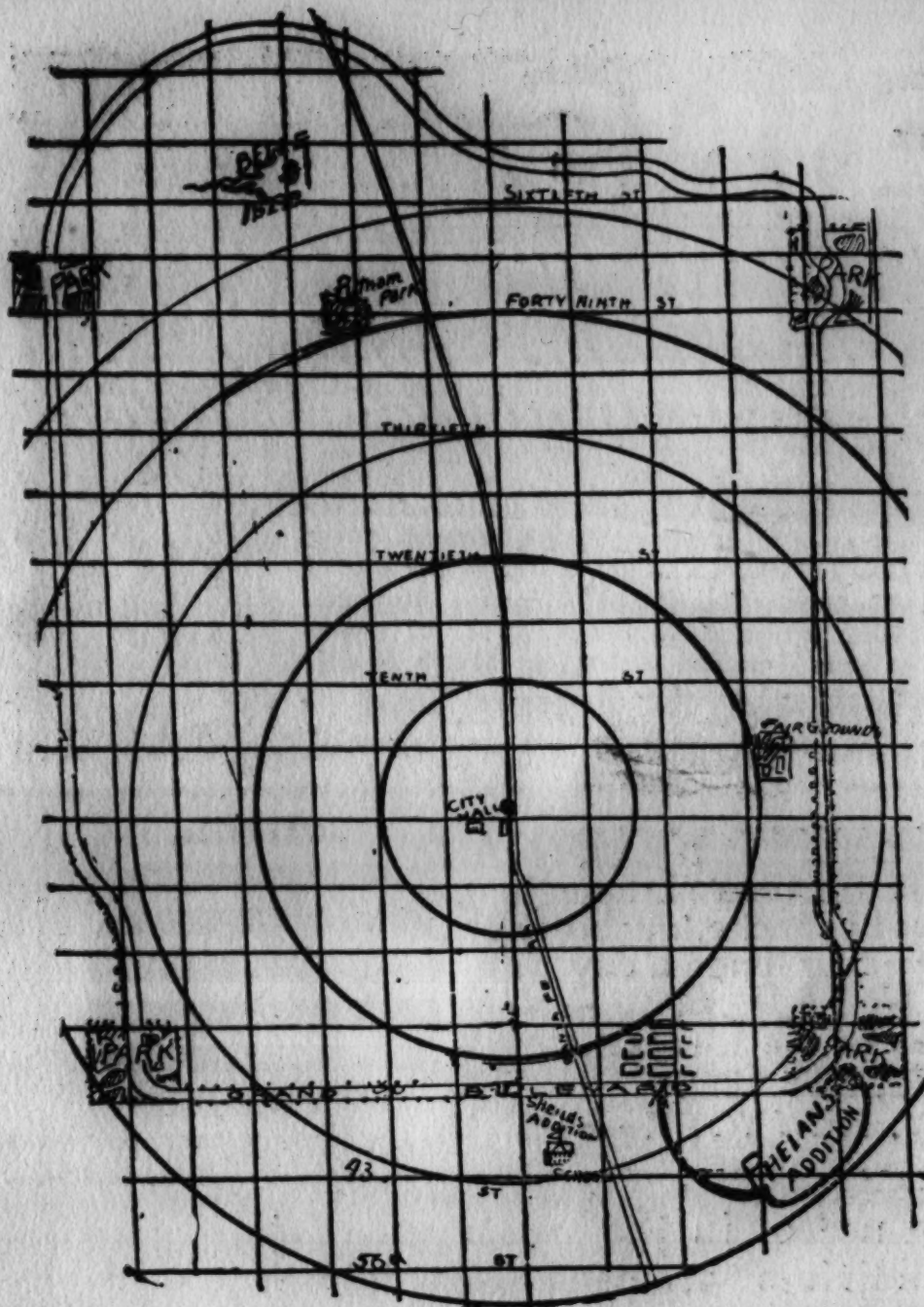
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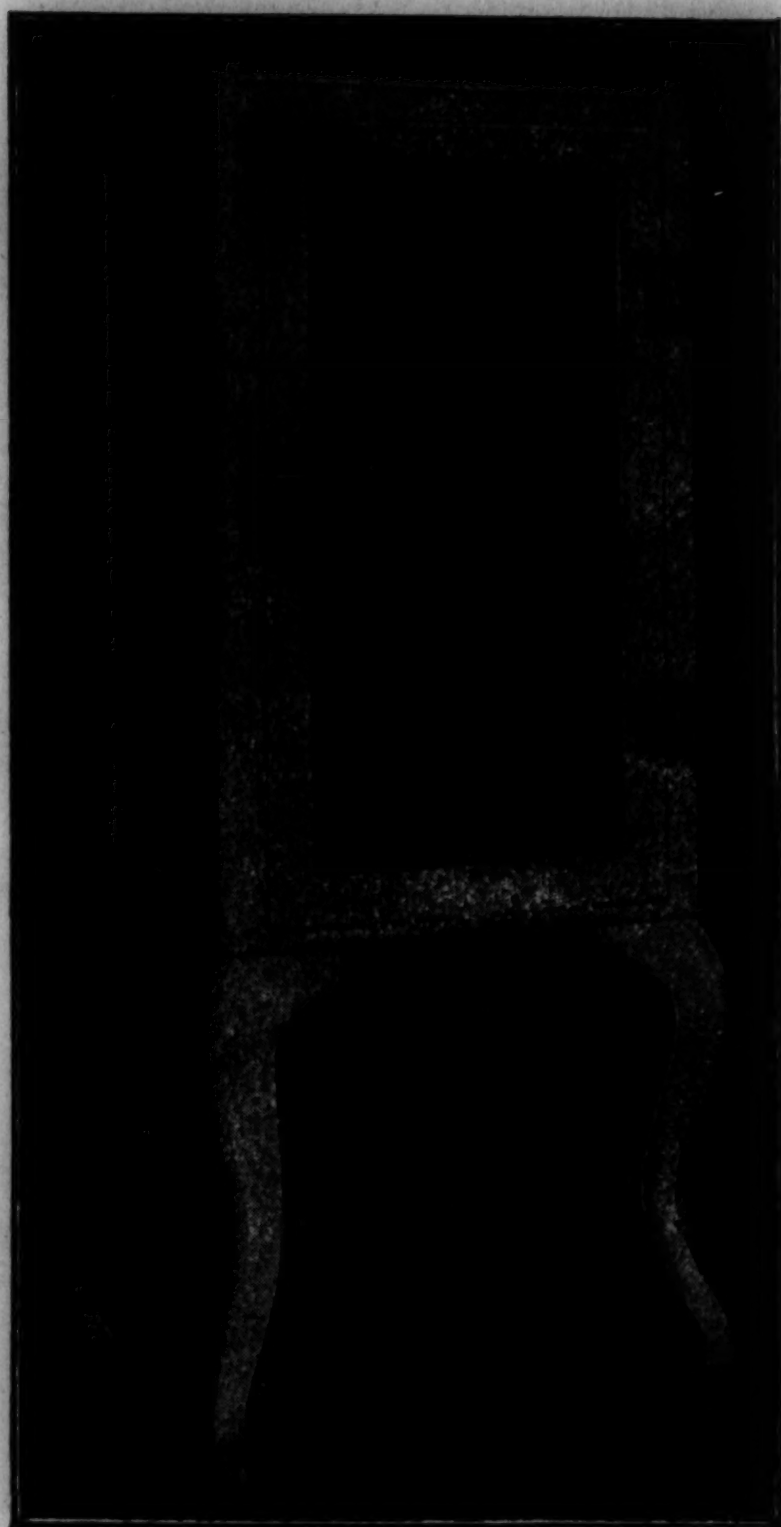
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